

Foster Family Home - Corrective Action Report

Provider ID: 1-160057

Home Name: Nadine Ganir, CNA

94-1257 Kahuaina Street

Waipahu

HI 96797

Review ID: 1-160057-4

Reviewer: Angelica Galindo

Begin Date: 5/28/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/28/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/28/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No confidentiality policies and procedures training for CG#2 in home folder.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No proof of TB clearance for HHM#1 and HHM#2 in home folder.

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - No RN delegation present for inhalation aerosol for CG#1, CG#2, CG#3, CG#4 and CG#5 for client #2.

Angelica Galindo RN
Compliance Manager

[Signature]
Primary Care Giver

5/28/19
Date

5/28/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **NADINE GANIR**

CCFFH Address: **94 - 1257 KAHUAINA ST. WAIPAHU HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16. (b)(5)	SCG#2 SIGNED CONFIDENTIALITY POLICIES AND PROCEDURES AND CLIENT PRIVACY RIGHTS TRAINING ON 05/29/19. I PLACED IT ON MY CTA BINDER.	05/29/2019	I MAKE SURE IF I HAVE NEW SCG'S TO READ AND SIGN THE CONFIDENTIALITY POLICIES AND PROCEDURES AND CLIENT'S PRIVACY RIGHTS ON MY CTA BINDER.
41. (f)(1)	HHM#1 AND HHM#2 TB CLEARANCE WAS DONE 06/05/19. I PLACED IT ON MY CTA BINDER.	06/05/2019	I WILL PUT REMINDER'S FOR RENEWAL OF TB CLEARANCES FOR HHM & SCG AND PLACED IT IN MY BINDER.
43.(c)(3)	CLIENT #2 RN DELEGATION FOR INHALATION AEROSOL WAS DONE BY RNCM ON 05/31/2019. I PLACED IT ON CLIENT#2 CHART.	05/31/2019	I WILL MAKE SURE TO CHECK MEDICATION DELEGATION FOR EACH CLIENT BEFORE ADMISSION.

Primary Caregiver's Signature: 

Print Name: **NADINE GANIR**

Date of Signature: 06/27/19